

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	DIAGNOSIS OF HYPERINSULINEMIA AND TYPE II DIABETES AND PROTECTION AGAINST SAME
Attorney Docket Number::	KOPCHICK6.1A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity

Given Name::	John
Middle Name::	J
Family Name::	KOPCHICK
Name Suffix::	
City of Residence::	Athens
State or Province of Residence::	Ohio
Country of Residence::	United States
Street of Mailing Address::	4 Orchard Lane
City of Mailing Address::	Athens
State or Province of Mailing Address::	Ohio
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	36 45701
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Bruce
Middle Name::	
Family Name::	KELDER
Name Suffix::	
City of Residence::	Athens
State or Province of Residence::	Ohio
Country of Residence::	United States
Street of Mailing Address::	c/o Edison Biotechnology Institute(EBI), Konneker Research Laboratory 206B, Ohio University
City of Mailing Address::	Athens
State or Province of Mailing Address::	Ohio
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	45701
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Keith

Middle Name:: S
Family Name:: BOYCE
Name Suffix::
City of Residence:: Wexford
State or Province of Residence:: Ohio
Country of Residence:: United States
Street of Mailing Address:: 2589 Cole Road
City of Mailing Address:: Wexford
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: P 15090
Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Andres

Middle Name::
Family Name:: KRIETE
Name Suffix::
City of Residence:: Pittsburgh
State or Province of Residence:: Pennsylvania
Country of Residence:: United States
Street of Mailing Address:: 1222 Driftwood Drive
City of Mailing Address:: Pittsburgh
State or Province of Mailing Address:: Pennsylvania
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 15243

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

This Application	National Stage of	PCT/US2004/0101	04/02/04
		91	
PCT/US2004/0101	Appln claiming benefit of 35 USC 119(e)	60/460,415	04/07/03
91			
PCT/US2004/0101	Appln claiming benefit of 35 USC 119(e)	60/506,716	09/30/03
91			

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
-----------	----------------------	---------------	--------------------

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::